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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County Caralina (antital a
City or fown. (If outside city or town limits, write RURAL and give nearest town)	State County Cou
How long In above place of death?	(If outside city or town mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
	(tf rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Clinaletto El	list
4. Sex 5. Coint of race B.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 Cal Juarried	20. DATE OF DEATH Movember 1 1948 21 7/6 1
6.(b) Name of husband or wife James Elliatt	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19.7 10 19.7
7. Birth date of Page 100 4	and that I last saw h. M. alive on November 7 19 4 2
deceased (mo., day, yr.)	Immediate cause of death DURATION
o, Ade.	Hypertensive react durant 2 years.
3-/ U3- 22hrsmin.	
8. Birtholace Janville, Virginia	Due 10
(Town, county, and state)	
10. Usual occupation.	Busto
11. Industry or business	Due 10
- 1 0 B	
12. Hame John Proces	Other conditions
≤ 13. Birthotace /a.	(thelude pregnancy within 8 months of death)
14. Majden name Kozie Wilkersow	
16	Major findings of operations
E 15. Birthplace	
16. Informant Ellists	Autopsy results
Address (RFD) Nantow Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, organoval, Which?)	Accident, suicide, or homicide
14/ 00	
Cemetery or crematory Mit Calcary	Where did injury occur? (City or town) (County) (State)
Location Dear Battefore Inouseed	fnjured at home, farm, Industry, public place (where?)
1 () LAP (Means of injury Injured at work?
18. Funeral director	81 17 7
Address Danlow Ind.	as constituted and with and
11/3 110 Mm 514.	23. SIGNATURE M. D. or other
19	Address Dubn MA Bale signed 11/3/48



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

I					
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
County Carolina			(For newhorn infants give residence of mother)		
City or town Preston - R	or town limits write	RURAL and give nearest town)	State Maryland Con	oty borchester	····
How long in above place of death?			City or town Preston - Rusal	s, write RURAL and give nearest	town)
Hospital, institution, or street add			Street No. Near Elwood		,,
Linchester	·		(If rural, give	LOCATION)	/
How long in hospitat or institution	?		2.(a) if veteran, name war		V
3. (a) FULL NAME				3. (b) Social Security Num	nber
	J. Ernest 71	ragier			
4. Sex 5. Color o	r race 6.(a)Sing	gle, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male Color	ed	Married	20. DATE OF DEATH ROSUMBER	21 19.48 at	12:05A
6.(b) Name of husband or wife	Katie E. Fra	gier	21. I CERTIFY that death occurred on the date abo		
The second secon			19	fo	19
7 Pinth date of		(c) If alive, give age 3.9 years	and that t tast saw halive on		19
	bruary 7, 1		Immediate cause of death		DURATION
o. AGE.	ths Days	tf less than one day	1		
56	14		Consusaror - The	solc 12	mudeal
9. Birthplace Dorcheste	County Kea	yland	Due to Compound Trush	25	*********
			10 Keg-		
1D. Usuat occupation	,		Due to lientes and	existen	
11 Industry or business			1 alad-		
			Dther conditions		. 4
13. Birthplace Dorchect	er County M	anyland	(Include pregnancy within 3 i	,	
H 14. Malden name Eman	a Hoelidan				
E 14. maidell haine	- 0 + L		Major findings of operations		
14. Malden name Emans 15. Birthplace Douches	cer County, 12	- Jane		Date of op	
18. Intermant Mrs. Kata	e 6. Fragier	***************************************	Autopsy results		
Address Precton A	augland RX	0.	PHYSICIAN: Please underline the cause to w		инсану.
	//		22. VIOLENCE: If death was due to external cau		21/118
17 Buccal (Burial, cremation, or remove	al. Which?)	(month) (day) (year)	Accident, suicide, or homicide	Date of H	1 4 D
Cemetery or crematory	elization Cent	tery	Where did injury occur was (City or town)	(Gounty) (S	tate)
Location New H	wlock Mar	gland	Injured at home, farm, Industry, public place (w	here?) State	
18 Funeral director	. (/		Msans of Injury College	injured at work? 11/2	-1/48
	esting many		1/4	4000	
	4	000 01	23. SIGNATURE	M. D. or ot	ther
19. Nov. 27	19 4 8	Registrar	Address Depty medical >	Date signed!!/	24/28

PLEASE WRITE PLAINLY

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11265

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: Carpline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhern infents give residence of mother)
	State Tred County author
City or town	
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
,	(If rurel, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F wo vro	20. DATE OF DEATH 2005 17 1946 21 12 2000 1
6.(b) Name of husband or wife George Grenner	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(e) It alivs, give ageyear	19.45 to 10.45 to 19.45 to 19.
7. Birth date of Chail 118 1618	and that I last saw h day alive on 2005 / 2 1954 8
	Immediate cause of death
6. AGE.	
80 / 4min	
9. Birthplace (Tom county, and atale)	Oue to Elsebess Almontage 3 dys.
0-110 01110	
10. Usual occupation.	Ous to Isleus Jelussia
11. Industry or business	_
= 12. Hame aldaylin Rasuser	Other conditions
13. 8irthplace Sweltzerland	(Include pregnancy within 3 months of death)
# 14. Malden name Curic Edra	
15. Birthplace Balls: Teety	Major fiedings of operations
2 15. Birthplace	- Oate of op
16. Informant G. German G.	Autopsy results
Address Ballo- fuel.	
17 Burial Date thereof /1- 22-4	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory taulen dark toucles	Where did injury occur? (City or town) (County) (State)
Location Schallo Zud.	tnjured at home, farm, Industry, public place (where?)
(/ 2A :) Marsh	Means of Injury Injured at work?
18. Funeral director	1 - 86
Address Develow Mg	3 00 SIGNETIMEN NUMBER O LEGISI
11/18 118 hm 10 Gund	23. SIGNATURE M. D. or other
(Dote rec'd by registrar)	ir Address States Date signed 4/10/40

PERSON OF STREET

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2411 N. Chartes St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

	CERTIFICA	Reg. Diat. No
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Is described only of town How long in above place of death? # // Hospital, Institution, or street address wher	limits, write RURAL and give nearest town) 4 4 6 6 6 6 6 6 6 6 6 6 6	Street No. Reliance doesne
3. (a) FULL NAME	rie E. Holliday	3. (b) Social Security Number
4. Sex 5. Color or race	6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Colored	Widowed	20. DATE DE DEATH. Resulter 3 1948 of 9:15 A
6.(b) Name of husband or wife . E. a.	guetus Holliday _	21. I CERTIFY that death occurred on the date above stated; that I altered deceased from
7. 8irth date of deceased (mo., day, yr.) 8. AGE: Years Months 74 6	2 / 874 Days It less than one day /hrs	and that I last saw h Y alive on 19.98 Immediate cause of Beath BURATION DURATION
11 Industry or business 46	www.k)	Due to.
12. Name Januel MC	Glottan unty haryland	(Include pregnancy within 3 months of death)
H 14. Maiden name. Eliza Jon		(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant. Raymond & Address Edenalsburg	7:	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, White		Accident, suicide, or homicide
	usburg hangland	injured at home, farm, Industry, public place (where?)
18 Funeral director fig. To a	aptom en Don	Arach M. M. Cherry M.
. (3.5. Framston	23. SIGNATURE M. D. or other Address Factureshing Many found Date signed "/6/48"

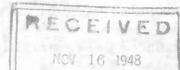
MARGIN RESERVED FOR BINDING

MILH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly and

9-45-15M

PLEASE WRITE

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MARVIAND	STATE	DEPARTMENT	OF	HEALTI
WAKILAND	SIAIL	DEPARTMENT	UF	rir.al. II

2411 N. Charles St., Baltimore

11267

CERTIFICATE OF DEATH

Reg. Dist. No. D.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. To decade the graph limits, write RURAL and give nearest town) How long in above place of death? 42 74 42 Hospital, institution, or street address where death occurred: Academy Arennee How long in hospital or Institution?	City or town (If outside city or town ignits, write RURAL and give nearest town) Street No. Academy (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAME Thomas S. Holt	3. (b) Social Security Number		
4 Sex 5. Color or race S.(a)Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH Average 20 19.48 11:30 P.		
6.(b) Name of husband or wife	21. I CSATIFY that death occurred the date above stated; that I attended deceased from 19 1 to 19 1 19 1 19 1 19 1 19 19 19 19 19 19 1		
8. AGE: Years Month's Days If less than one day 76 3 9hrshrs.	Mefanty Elisaric Marie Gys		
9. Birthplace Cecil County, and frate) 10. Usual occupation Chairman of the board	Due to		
11. Industry or business The Hott bil Company 12. Name John 7. Watt 13. Birthplace Cecil County Manyland	Oue fo		
# 14 Maiden name Many Miller	(Include pregnancy within 8 months of death) Major findings of operations.		
15. Birthplace Cecil County, Maryland 16. Informant Mrs. Thomas L. Holt Address Federalsburg, Maryland	Autopsy results		
17. Burisl Date thereof Movember 25 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Calvert Cecil County Maryland	Where did Injury occur?		
18 Funeral director f. f. tramptom al son Address Federalsburg, maryland	23. SIGNATURE Trank M. Onlargon MS.		
(Date reed by registrar) 18 H8 5.5. Fram oton	Address te der els leur q Mate signed 1/2 4/4		



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest fown)	State Manyland County Caroline
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
nuspital, institution, of sirect address where destricts	Street No
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME Mariaen To	Ad farsey 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
H W. Wide	20, DATE OF DEATH. 11 15 4 8, 21 4 A
6.(6) Name of busband or with wood Horsey (Well d')	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
T. Birth date of	The state of the s
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	The state of the s
3 D D O O -) 1	Cellosof Hemes That
9. Birthplace (Town, county, and atate)	Due to.
10. Usual occupation at the superior occupation	Oue Mesis solerones 4 gm
11. Industry or business	
12. Name Jaseel Jacobard (Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Meassles Rose 15. Birthplace Matthews	Major findings of operations.
(Rallely Rhalf 100)	Autopsy results
18. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Lecture George 4	22. VIOLENCE: ff death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (dsy) (year)	Accident, suicide, or homicide
Cemetery or crematory 22 (OR) M. d.	Where did lalury occur? (City or town) (County) (State)
Location	Injured at home, farm, industry, public place (where?)
(Missil Masko Volume	Means of Injury Injured at work?
18. Funeral director	
Address Declar MA	23. SIGNATURE MANAGED DECEMENT M. D. or other

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CERTIFICATE OF DEATH

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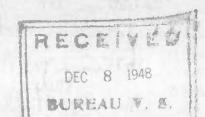
	Reg. Disc. No	Bol
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in onts give residence of mother) State	
How long in above place of death?	(If outside city or town limits, write RURAL and give n	iearest town)
How long in hospital or Institution?	(If rurn), give LOCATION) 2.(a) If veteran, name war	Y
3. (a) FULL NAME	3. (b) Social Securit	y Number
4. Sex 5. Color or race 6. Co Single married, widghed or divorced	MEDICAL CERTIFICATION	
F W	20. DATE OF DEATH	8. at 5 P n
6.(b) Name of husband or wife Cauras forces		eceased from
7. Birth date of deceased (mo., day, yr.) May 15 186	and that I last saw h 213/ affive on	DURATION
8. AGE: Years Months Days If tess than one day	n. Charcingocada	394
9. Birthplace Jalestones Dor Md	Due to	
1D. Usual occupation	Due to	•••••
11. Industry or business 12. Name	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Nancy Hilliams 15. Birthplace Ma	Major findings of operations	
16. Informant Bertie Queus	Antapsy results	
Address Draytown Date thereof Date 2 48	22. VIOLENCE: If death was due to external causes, fill in the following;	***************************************
(Burial, cremetica, or remove Which?) (month) (day) (year) Cemetery or crematory	Where did injury occur?	(State)
Location Sharptown No.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Symbolish Director Super Strain	A sel M. Co. Com	mD.
in De comben 1 :048 J.J. Framston	23. SIGNATURE M. I	D. or other
(Date rec'd by registrar)	ar Address Date signe	d. L. J. 7. 7.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9-45-15N

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WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly and legib

PLEASE WRITE PLAINLY,

correct age

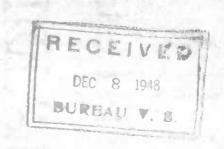
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1127()
Reg. Dist. No. 64

CERTIFICATE OF DEATH

The second secon			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County File of the - Rungle	State Many found County Carolina		
(If outside city of town limits, write RURAL and give nearest town)	City or town Foderalshuro - Rural		
How long In above place of death? 40 412	(If outside city or town limits, write RURAL and give nearest town)		
Bridgwille Load	Street No. Onlyfield Road (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) ti veleran, name war.		
3. (a) FULL NAME	**************************************		
John H. Kern, Jr.	3. (b) Social Security Number 213-03-9669		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Thala thite married	20. DATE DE DEATH. Rosember 15 1944 21 16 A.		
6.(6) Name of husband or wite. Hiela B. Karal	2t. I CERTIFY, that death occurred on the date above stated; that I attended deceased from 136 to Nov. 13- 1848		
7. Birth date of	1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		
deceased (mo., day, yr.) They 13, 1907	and that I last saw h. A.A. alive on		
8. AGE: Years Months Days tf tess than one day	Impediate cause of death Thromfosis. DURATION.		
. 41 6 2hrsmin.			
9. Birthplace Richman Hier Mess york) (Town, county, and atatog)	Due to Caronge - Allumatic. age 89,		
1D. Usual occupation Line Constant	Due to a Cute Plumatic.		
11. Industry or business J. H. Stowell Printing Company	FWW-		
12. Name John Tr. Kern John 13. Birthplace New York	Other conditions 957		
	(Include pregnancy within 3 months of death)		
# t4 Malden name Easthern Hedburg			
HE 14. Maiden name Easther Hedburg 15. Birthplace New York	Major findings ol operations		
The self- of A self-			
	Antopsy results		
Address Federalsburg, Maryland, R.F.D.	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
(Burial, cremation, or removal, Which?) Date thereof November 18 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cometery or crematory Fried Crest Counterry	Where did injury occur?		
Location Faderalsburg, Maryland	tnjured at home, tarm, Industry, public place (where?)		
18 Funeral director J. J. Frampton and Long	Means of injury Injured at work?		
Address Federalsburg Maryland	11) E. Serren Im. D		
	23. SIGNATURE M. D. or other		
19 Mountal 18 19 48 J. J. Trampatom	Address Federalsburg Mary Land Bate stoned Nov- 18, 194		



2411 N. Charles St., Baltimore

11271

CERTIFICATE OF DEATH

CLICITICAT	Reg. Dist. No.	
1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town	Stat Maryland County Caroline City or town Goldsboro (If outside city or town limits, write RURAL and give nearest town) Street No	
How long In hospital or Institution?	2.(a) If veteran, name war	
3.(a) FULL NAME George C. Kornrumof	3. (b) Social Security Number 214-12-5519 A	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH NOVEMBER 8 19. 48 21 3 A	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I Vendal deceased from 19.	
8. AGE: Years Months Days It less than one day	Dhu al	
9. Birthplace Port Huron Michigan (Town, county, and state) 10. Usual occupation Farmer 11. Industry or business X 12. Name John Kornrumpf 13. Birthplace Germany	Due to	
14. Maiden name. No Record 15. Birthplace Germany 16. Informant Earl Kornrumpf	Major findings of operations	
Address Greensboro, Maryland. 17. Burial Date thereof Date thereof (month) (day) (year) Cemetery or crematory Greensboro Location Greensboro, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide	
18. Funeral director. Raymond B. Rawlings Address Greensboro, Maryland f 19. /// 19 48 J C Smith (Datyree'd by registrar) 19. 48 Registrar	Means of Injury 23. SIGNATURE Address. Address. Injured at work? Injured at work? Injured at work? Injured at work?	

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County Grobine	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Post Post	State Maryland County Dorslester		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Hospilal, Institution, or street address where death occurred: Linckester	Street No. Near Elwood		
	(If rural, give LOCATION)		
How long in hospital or Institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
Geonard Lake	216-14-2843		
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Wale Colored named	20, DATE OF DEATH Maximiles 21 19 48 , at 12:05 4.		
× = = G4.)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of husband or wife Many 3. Date	19 to 19.		
7. Birth date of	and that I last saw h		
deceased (mo., day, yr.) June 15, 1913	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	immediate cause of death		
35 5 6min.	Concussion Rhock - Boxiella		
A last C + kay land	Due to Frontines lift les		
9. Birthplace. Declatte Courty kayland (Town, county, and state)	Consussans & Sacration		
10. Usual occupation Day fatorer	ATAD :		
11. Industry or business	Due to Sof Accell		
12. Name dance tones 13. Birthplace Donalecter County Many food	Other conditions		
14 Maiden name. Ethel Lake 15. Birthplace Dorchester County, haryford. 16. Interment. + the bisley take	(Include pregnuncy within 8 months of death)		
Halden name	Major findings of operations.		
El 15. Birthplace Dorchester County, haryfand	Date of op		
16. Intermant toha besley take	Autopay results		
Address Hurlock Maryland	PHYSICIAN: Please underline the cause to which death should he charged statistically.		
, //	22. VIOLENCE: It death was due to external causes, fill in the following:		
17. Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or numicial		
Cemetery or crematory Washington Countary	Where did injury occur? Link Creation Carolina total (City or town) (County) (State)		
Location near Herbock haryland	Injured at home, farm, industry, public place (where?)		
18 Funeral director S. J. Frampton and Ang	Mesns of Injury Calleston Injured at work? 700		
Address Federalsburg Krangfand	Almon D'Leorge		
19 Nov. 27 1948 Cornelia V. Plumm	23. SIGNATURE Medical Framus M. D. or other		
(Date rec'd by registrar)	Address Date signed \$1/26/48		
	Activities 1		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

3d Reg. Dist. No. 4/

1. PLACE OF DEATH: County Caroline	2. USUAL RESIDENCE (HOME) OF DECEASED: (For prowhorn infants give residence of mother)		
Cily or town	State Maryland County Caroline City or town Greensboro (If outside city or town limita, write RURAL and give nearest town) Street No.		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) It velersn, name war		
3.(a) FULL NAME Ida Mae Meekins	3. (b) Social Security Number		
4. Sax 5. Color or raca 6.(a) Single, married, widowed, or divorced Temale White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. NOV., 28 19. 48.51 30		
6.(b) Nama of husband or wifa. John Meekins 6.(c) If alive, give age 6.3 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 15 19 48 10 Nov. 28 19 48 and that I last saw h. 201 alive on Nov. 28 19 48		
7. Birth data of deceased (mo., day, yr.) June ,14 1880	Immediate cause of death OURATION		
8. AGE: Yaars Months Days If less than one day 14	acute Pulmonary Edema		
9. 6irthplace	Oue to Supertensive Cardio-rascular Due to Deserve		
E 12. Nama Isaac Steel LS. Birthplace Del,	Other conditions		
14. Malden name Hattie David 15. Birthplace Del,	(Include pregnancy within 8 months of death) Major findings of operations		
John R. Meekins Address .Greensboro . Md .	Antopsy results. PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
17 Durial Bate thereof Nov. 30.1948 (Burlal, cremation, or removal, Which?) Cemetery or crematory Greensboro	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Greensboro, Md,	Injured at home, farm, industry, public place (where?)		
18. Funeral director Raymond B Rawlings	Means of injury Injured at york?		
Address Greensboro, Md.	23. SIGNATURE Clearle / Vices / M. D. for other		
19. Date rec'd by registrar)	M/ // 1/2 / 1/8		

DESCRIPTION OF THE PROPERTY OF

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CERTITION	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For purpour infants/give residence of mother) State County County City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Marasiel Harff &	almer 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married withwed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH NOV. 29 19 8 21 7 2 7
6.(b) Name of husband or wife John Eaugle Calme 7. Birth dale of	21. LEARLY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) dea, 13-1890	Immediate pure of please A DURATION
8. AGE: Years Months Days II less than one day 57 11 16	filelestatic p 3 ms
9. Birihpiace	- Cercent may Drefat 3 yr
11. Industry or business	Oue to
12. Name The Stellolies The Sallolies Tax.	Other conditions Plumplegea 17mm
14. Maiden name and Liste Tiske	(Include pregnance within 3 months of death) Major findings of operations.
\$ 15. Birthpiace Subbottown. Hewterse	4
16. Informant Senjamu Ti Kropp	Autopsy results
17. Burial, cremation or removal. Wyjek?) Oate thereof D.D	22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or mental Eglington Comeling	Where did injury occur?
18. Funeral director Mas.) A. M. Bayers	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
Address Harrington, Welseval	23. SIGNATURE Scarle & Treasfu le
19. (Date rec'd by registrar) 18.4 Regist	trar Address Present one Cate sign ATV 29

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DEC 3 1948

BUREAU Y. S.

2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

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1. PLACE OF DE	ATH:				2. USUAL RESIDENCE (H	HOME) 01	F DECEASED:	
County Caroline			2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)					
City or town			State Maryland					
	e of death?				City or town Green	sboro	Rural , write RURAL and give	nearest town)
How long in above place Hospital, Institution, or	r street address where	death occurred	1:	•••••••••••				nearest cown,
					Street No	(If rural, give		
How long in hospitat o	or Institution?		X	***************************************	2.(a) if veteran, name war	***************************************	X	
3. (a) FULL NAM	IE			•			3. (b) Social Securi	ty Number
	Hild	a Sw	ain				213-24-19	986
4. Se1	5. Color or race		e, married, widowed.	or divorced	ME	DICAL CE	ERTIFICATION	
F.	White	Ma	rried		20. DATE DE DEATH NOVem	ber 14	19.48	9:15A
& (b) Name of husband	or wife	omas			21 CERTIFY that death occurred			
6.(0) Name 01 nassana				50 years	June 1	1	48 10 1000.	14 1948
7. Birth date of	T 7	5, 19		years	and that I last saw h e. aliv	e on M	r. 13	18.4.8
deceased (mo., day,		Days	I It less than one	day	Immediate cause of death	1 /	P	DURATION
o. Aul.	s wonths				Carcenon		cerry	1 ye
42	4	9	hrs.	min.	Were int			2
9. Birthplace Gr	eensboro,	Caro	line. N	aryland	Due to for Sp	we.	***************************************	
			e e					
1D. Usual occupation.	доц	COUNTY			Due to			
11. Industry or busine			X		***************************************			
12. Name	Asbury H	lubbar	d	• • • • • • • • • • • • • • • • • • • •	Other conditions		***************************************	
13. Birthplace	Marvlar	nd			(Include pregn			
Maiden sema	Zenie	Hubba	rd					
14. Maiden name	Maryla				Major findings of operations			
					***************************************		Dale of op	***************************************
16. Informant	Mrs. Zeni	e Hu	bbard	******************	Autopsy results	the seems to sub	tick death should be chose	and statistically
Address	Greensbo	ro. M	aryland	a		120		ged statisticany.
. Buria	1	Rote ther	eof(month)	17/48	22. VIOLENCE: it death was du			
(Burial, cremation	n, or removal. Which?) Pare their	(month)	(day) (year)	Accident, suicide, or homicide			***************************************
Cemelery or cremat	lory Gree	ensbor	0		Where did Injury occur?	(City or town)	(County)	(State)
	eensboro.				Injured at home, farm, Industry, (
					Meens of Injury		Injured at work?	V
	Raymond				FO.	111	H	//
Address G:	reensbord	, Mar	yland.	-13	23. SIGNATO CELL	la X	Stores Caf	u4, N
. n ~	17	4	V Mai	4:	23. 31011		hen A	D. or pres 8
(Date rec'd by r	17 19 4 8 egistrer)	···· ()	te K K Ser Hack	Registrar	Address Tues	- On	Date sign	ed b

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PLAINLY, WITH UNFADING INK. Supply every item of information carefull ine correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLEASE

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HELDE DE LES STEPHEN

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BUREAU V. S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH

2411 N. Charles St., Baltimore

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	111	House
	111	10

11276

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or town. Action — Rusal (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? — Monthly Hospital, institution, or street address where death occurred:	State Thoughout County Carolina City or town Preston - Aural (If outside city or town limits, write RURAL and give nearest town) Street No. Hear Arthology (If rural, give LOCATION)			
How long In hospital or institution?				
Willard E. Wade		3. (b) Social Security	Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Kale Kingle	MEDICAL CE 20. DATE DF DEATH. Houmber 2	RTIFICATION	, al 5 45P	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	VX 10 November	19. 7. C	
1. Birth date of deceased (mo., day, yr.) March 1, 1924 8. AGE: Years Months Days If less than ane day 24 8 23	Immediate cause of death Auch Per	lness erz	DURATION L. HOURS	
9. Birthplace Wilmington Delaware (Town, county, and atate) 1D. Usual occupation Unemployed	Due to My oca reduce / Soilure	**********	124000	
11 Industry or business 12. Name Aefred bade	Due to Pseuda nauacrater Dy. 1 Diher conditions		15.40	
13. Birthplace Delaware 14. Maiden name Mellie Wilson 15. Birthplace Delaware	(Include pregnancy within 8 mg	m the opone		
16. Informant. alface Wade Address Wilmington, Delaware	Autopsy results De How a cut. De lands PHYSICIAN: Please underline the cause to whi	ch death should be charged	11. Del	
(Burial, cremation, or removal, Which?) Cemetery or crematory Library Cametery	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of		
Location Wilmington Delaware 1 18 Funeral director & Frankton and Son	Injured at home, farm, Industry, public place (whe			
Address Fraculating Maryland 19. Mar, 25 18 48 Combield Plummer	23. SIGNATURE HELD	Tunney M. D.	or other	

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CERTIFICATE OF DEATH

2411 N. Ch	arles St., Baltimore 872 1127
CERTIFICA	ATE OF DEATH Reg. Dist. No. 6/
1. PLACE QF, DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounty Carthan	
or town(If outside city or town limits, write RURAL and give nesrest town)	Ulater and the second s
ow long in above place of death? 2 months	City or town Fairlee (If outside city or town limits, write RURAL and give nearest to
How long in above place of death?	Street No. R.F. D.
Statist Runsung The	(If rural, give LOCATION)
How long In hosalfal or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Numb
Edward Josiah Vitson Walson	Wa.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male While marie	20, DATE OF DEATH November 28 1948 at 1.
6.(6) Name of husband or wife Pricie M. Watson	19 19 MAY 28
7. Birth date of	and that I last saw h sand alive on Morender 27
deceased (mo., day, yr.) August 13, 1873	Immediaing ause of death
8. AGE: Years Months Days If less than one day	Late Cereba Jacoby
75 3 I5hrs.	
Kent Co Wangland	
9. 8irthplace Kent Co. Mary Land (Town, county, and state)	MW 14-
10. Usual occupation retired Game warden	Bue to.
11. Industry or business	
E 12 Name Edward J. Watson	Dther conditions
12. Name Edward J. Watson 13. Birthplace Dela.	//
	(Include pregnancy within a months of death)
	Major findings of operations
	Date of op.
16. Informant Mrs. Pricie M. With son	Antopsy results
Address Fairlee, Md.	
17 Burial Bate thereof D. T. T948	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Rilpial Bate thereof D. I. 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Chester Cem.	Where did injury occur?
Cemetery or crematory	
	Injured at home, farm, Industry, public place (where?)
Location Chestertown, Md.	at a finite of a most 2
	- changed of work?
Location Chestertown, Md.	at a finite of a most 2

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11278

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:			2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Caroline			State Maryland County Carolina		
City or town Party - Rural (If outside city or town limits write RURAL and give nearest town)		0 - 0			
How long in above place of death? 30 years		(if outside city of town limits, write RURAL and give nearest town)			
Hospitat, Institution, or street ad		occurred:	Street No		
	n :		2.(a) It veteran, name war		
3. (a) FULL NAME	albert a	Viao:	3. (b) Social Security		Number
		(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Thate Whis	te.	Manual	20. DATE DF DEATH November	27 19.48	,at 2:15 A
6.(b) Name of husband or wite	Ecca X	rielia	21. I CERTIFY that death occurred on the date abov	e stated; that I attended dece	ased from
			February 1. 194		
7. Birth date of			and that I last saw h J.Malive on		
accepted (mail coll)	onths [Days 1 It less than one day	Immediate cause of death Muste Com	uecy	
8. AGE: Years Mo		10	Occheron		2 hours
				• • • • • • • • • • • • • • • • • • •	
9. Birthplace Talbet C			Que to Cornay Stry Jele	toes.	5-
1D. Usuat occupation	444		Due to Sportusine Hart Loc	ourl	15 Jes
11 Industry or business	Farm			* - * - * - * * - * * * * * * * * * * *	
12. Name James 13. Birthplace Jacket			Other conditions		
			(Include pregnancy within 3 m	onths of death)	,
14. Malden name Mark	La Gosli	~	Majer findings of operations		
15. Birthplace Balti.	none, ma	ryland	Majer Musinks et eperadens		
Tuna Ell	en Wisein	0	Aptensy results		
			PHYSICIAN: Please underline the cause to whi		
Address Preston	/)		22. VIOLENCE: It death was due to external caus	ses, fill in the tollowing;	
Burial, cremation, or remo	D	Date thereof November 30, 1948 (month) (day) (year)	Accident, suicide, or homicide	Date of	
		Cemetary	Where did Injury occur?(City or town)	(County)	(State)
Incation Federal	stura me	aryland	Injured at home, tarm, Industry, public place (wh	ere?)	
	1	1/ - 1	Maans of injury	Injured at work?	
0 0		we have	90	To	
Address Enderales	burg, ma	eyland	23. SIGNATURE think	Xlumur	1
19 Nev. 30	19.48	Cornela W. Plummed	Per to Truster		or other

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BUREAU Y. S.